## EST AVAILABLE COOV

PATENT	APPL	<b>ICATION</b>	FEE	DETE	RMINA	TION	RECOR	D
	1	-Effective	Octo	ober 1	2000			

$\overline{}$				
Ap	plication	or Døcke	et Number	_
6	10	( 187	6798	ゞ
1_	42	5 2	<del>0</del> 2 .	
				_

CLAIMS AS FILED - PART I						SMALL ENTITY			OTHER THAN			
(Column 1)			(Colu	mn 2)		TYPE [		OR	SMALL			
TOTAL CLAIMS		14					RATE	FEE	]	RATE	FEE	
FO	A		NUMBER FILED		NUME	BER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	·710.00
то	TAL CHARGE	ABLE CLAIMS	4 minus 20=		• Ø			X\$ 9=	.,	OR	X\$18=	
INDEPENDENT CLAIMS			3 m	inus 3 =`	· C	)		X40=		OR	X80=	
MU	LTIPLE DEPE	NDENT CLAIM P	RESENT		**• *			+135=		OR	+270=	•
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	i		TOTAL	710		
Column 1) (Column 2) (Column 3)							SMALL	ENTITY	oR/	ÖTHER SMÄLL 1	THAN	
		CLAIMS		HIGH	EST,	(Column 3)	1 1	UMALL	ADDI-	ر این دا		∗ADDI-ş
ENT A		REMAINING AFTER AMENDMENT	·	NUMI PREVIO PAID I	DUSLY	PRESENT EXTRA		RATE	TIONAL		PATE	TIONAL FEE
ENDM	Tolal	. 19	Minus	-20	0			X\$ 9= <sup>1</sup>		OR	X\$18=	1
N. C.	Independent	NTATION OF MI	Minus	PENDENT	CLAIM	= /		X40=	-/=	ØA	/X80=	Ale C
			Jenir Le De	LINDEIN	CEAN			+135=	i ri kon	OF	±270∌x	
( )						111	,	TOTAL ADDIT, FEE	=	ÓR	TOTAL ADDIT, FEE	4.3
. 8		(Column 1)		(Colun	nn 2)	(Column 3)	_					
AMENDMENTB		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	e.	PATE	ADDI- TIONAL FEE
Z Z	Total	•	Minus	,06		=		X\$ 9=		// OR	X\$18=	
AME	Independent	**************************************	Minus	•••		-		X40=	13.7	OR	X80=	
Ш	PINST PHESE	NTATION OF MU	JETIPLE DEI	PENDENI	CLAIM		<b>!</b>	+135=		OR	+270=	
• •		• •		i		, ,	L	TOTAL		OR	TOTAL	
,		(D-1) (1)		<b>(0-1</b>			A	DDIT. FEE			ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)	ľ.,					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER : HUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE_	ADDI- TIONAL FEE
	Total	•	Minus	••		=	lt	X\$ 9=	<u>l belo</u>	OR	X\$18=	766
	Independent	•	Minus	***		<b>=</b>	╽	X40=			X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM		<b> </b>	A40=		OR	.vov=	·
	<del></del>				,			+135=		OR	+270=	
•• [	the Highest Nu	mn 1 is less than thember Previously Pa	iid For IN THI	S SPACE is	less that	n 20, enter "20."	. <u>-</u>	TOTAL DOIT, FEE		OR	. TOTAL ADDIT. FEE	
""If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												